

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

 OIL GAS COALBED OTHER _____
 SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE
Refiling Sidetrack

Document Number:

400007847

Plugging Bond Surety

20030009

3. Name of Operator: NOBLE ENERGY INC 4. COGCC Operator Number: 1003225. Address: 1625 BROADWAY STE 2200City: DENVER State: CO Zip: 802026. Contact Name: MARI CLARK Phone: (303)228-4413 Fax: (303)228-4286Email: mclark@nobleenergyinc.com7. Well Name: ASHTON J Well Number: 33-21D

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 8299

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 33 Twp: 5N Rng: 66W Meridian: 6Latitude: 40.359910 Longitude: -104.789460Footage at Surface: 1216 FNL/FSL FNL 1305 FEL/FWL FWL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4805 13. County: WELD

14. GPS Data:

Date of Measurement: 06/04/2009 PDOP Reading: 1.2 Instrument Operator's Name: STEVEN A LUND15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____

2501 FSL 2570 FEL 2501 FSL 2570 FELSec: 33 Twp: 5N Rng: 66W Sec: 33 Twp: 5N Rng: 66W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 16418. Distance to nearest property line: 82 19. Distance to nearest well permitted/completed in the same formation: 842

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
CODELL	CODL	407-87	160	GWA
NIOBRARA	NBRR	407-87	160	GWA

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: 20030012

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
N/2SE/4, Section 33, T5N, R66W

25. Distance to Nearest Mineral Lease Line: _____ 81 _____ 26. Total Acres in Lease: _____ 80 _____

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	500	208	500	0
1ST	7+7/8	4+1/2	11.6	8,299	813	8,299	

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments NO CONDUCTOR CASING WILL BE USED. WELL IS TO BE TWINNED WITH PROPOSED ASHTON J33-19, ASHTON J33-18D, ASHTON J33-20D, ASHTON J33-32D, & ASHTON J33-21D. 1ST STRING TOP OF CEMENT WILL BE 200' ABOVE NIOBRARA. UNIT CONFIGURATION = SW/4NE/4, SE/4NW/4, NE/4SW/4, NW/4SE/4 of Section 33, T5N, R66W.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MARI CLARK

Title: REGULATORY ANALYST II Date: _____ Email: mclark@nobleenergyinc.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 123 29363 00

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
400011426	WELL LOCATION PLAT	2415-Sharp-5001N_20091023_083433.pdf
400011427	30 DAY NOTICE LETTER	2415-Sharp-5001N_20091023_083451.pdf
400011428	DEVIATED DRILLING PLAN	2415-Sharp-5001N_20091023_083508.pdf
400011429	EXCEPTION LOC REQUEST	2415-Sharp-5001N_20091023_083526.pdf
400011430	EXCEPTION LOC WAIVERS	2415-Sharp-5001N_20091023_083541.pdf
400011431	PROPOSED SPACING UNIT	2415-Sharp-5001N_20091023_083556.pdf

Total Attach: 6 Files